

WO RECLASSIFICATION CHECKLIST

APPROVE _____
DISAPPROVE _____
HOLD (SEE BELOW) _____

NAME: _____ WO MOS: _____
RANK: _____ AGE: _____

ITEM	NOTES	PREREQUISITE Y/N REMARKS
RECOMMENDATIONS	TAG OR DCSPER, ETC.	
	BN/BDE CDR	
	UNIT CDR	
RESUME (DATED & SIGNED)	IAW FIGURE 2-1, NGR 600-101	
DA FORM 2-1	CERTIFIED TRUE COPY	
OTHER TEST SCORE (IF REQUIRED BY MOS)		
CIVILIAN EDUCATION (IF REQUIRED BY MOS)		
SECURITY CLEARANCE (IF REQUIRED BY MOS)		
CIVILIAN EXPERIENCE (RELATED TO MOS)	POSITION DESCRIPTION & EVALUATIONS	
MILITARY EDUCATION REQUIRED FOR MOS		
MISC PROPONENT REQUIREMENTS (MOS SPECIFIC)		
OERS		
HOLD REASON(S)		